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J. Matthew Zigmant
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In re: application of: Donham, Christopher D.S.
Application Number: 10/696,848
Filed: 10/30/2003
Title: Flexible and Inexpensive Method For Processing High Number of Independent
Textures In A 3-D Graphics Pipeline
Atty Docket Number: 019680-003300US JMZ/lo

Being faxed to Examiner Monestime, Mackly, at facsimile number
1-571-273-8300 are the following documents:

1. This PTO/SB/97 Certificate of Transmission (1 page);
2. PTO/SB/21 Transmittal Form (1 page);
3. PTO/SB/22 Petition to Extend Time (1 page submitted in duplicate); and
4. Amendment (7 pages).

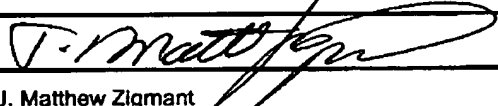
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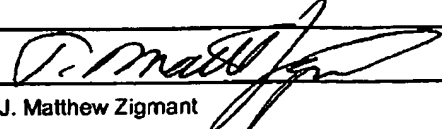
60539069 v1

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/696,848	
	Filing Date	October 30, 2003	
	First Named Inventor	Donham, Christopher D. S.	
	Art Unit	2676	
	Examiner Name	Monestime, Mackly	
Total Number of Pages in This Submission	11	Attorney Docket Number	019680-003300US

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (7 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/97 Certificate of Transmission (1 page); and This Transmittal Form (1 page)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	July 19, 2005	Reg. No.	44,005

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